

APPLICATION FOR EMPLOYMENT

County of Hamilton, Indiana

An Equal Opportunity Employer

The County of Hamilton, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought _____ Today's Date _____

Last name _____ First name _____

Middle initial _____ Former name(s) _____

Address _____ City/State/Zip _____

Phone (____) _____ Are you at least 18 years of age? Yes: ☐ No: ☐

Applicants for Police Department: Are you at least 21 years of age? Yes: ☐ No: ☐

Are you interested in: Full-time work? Yes ☐ No ☐

Part-time work? Yes ☐ No ☐

Temporary work? Yes ☐ No ☐

Date available to start work _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here ☐ and skip to **Previous employer** below.

* Current employer _____

Address _____ City/State/Zip _____

Phone (____) _____ Hire date _____ Job Title _____

Beginning salary _____ per _____ Current salary _____ per _____

Supervisor _____ Title _____

Work phone (____) _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave? _____

May we contact your current employer? Yes: ☐ No: ☐ If no, please explain why: _____

* Previous employer _____ Phone(____) _____
Address _____ City/State/Zip _____
Dates employed _____ to _____ Job Title _____
Beginning salary _____ per _____ Ending salary _____ per _____
Supervisor _____ Title _____ Work phone(____) _____
Briefly describe the work you did, such as duties, responsibilities, equipment you operated, promotions:

Reason for leaving _____
May we contact this employer? Yes: ☐ No: ☐ If no, please explain why: _____

* Previous employer _____ Phone (____) _____
Address _____ City/State/Zip _____
Dates employed _____ to _____ Job Title _____
Beginning salary _____ per _____ Ending salary _____ per _____
Supervisor _____ Title _____ Work phone(____) _____
Briefly describe the work you did, such as duties, responsibilities, equipment you operated, promotions:

Reason for leaving _____
May we contact this employer? Yes: ☐ No: ☐ If no, please explain why: _____

* Previous employer _____ Phone (____) _____
Address _____ City/State/Zip _____
Dates employed _____ to _____ Job Title _____
Beginning salary _____ per _____ Ending salary _____ per _____
Supervisor _____ Title _____ Work phone(____) _____
Briefly describe the work you did, such as duties, responsibilities, equipment you operated, promotions:

Reason for leaving _____
May we contact this employer? Yes: ☐ No: ☐ If no, please explain why? _____

If you had additional employers within the last five years, attach additional pages as needed. List and explain periods of unemployment in the past five years:

From _____ to _____ Reason _____
From _____ to _____ Reason _____

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High School Attended: *Attach additional pages as needed*

* Name _____

Address _____ City/State/Zip _____

Diploma? Yes ☐ No ☐ GED? Yes ☐ No ☐

* Activities, awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*) _____

College(s) or Trade School(s) Attended: *Attach additional pages as needed.*

* Name _____ Dates attended _____ to _____

Address _____ City/State/Zip _____

Degree(s) _____ Major/minor course(s) of study _____

* Name _____ Dates attended _____ to _____

Address _____ City/State/Zip _____

Degree(s) _____ Major/minor course(s) of study _____

* Activities, awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*). _____

* Seminars/workshops, special awards, *Articles you have published, other information that may be relevant to the position you are seeking: _____

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here ☐ and skip to the next section.

<u>Military Branch</u>	<u>Dates of Service</u>	<u>Highest Rank Attained</u>	<u>Rank at Separation</u>
_____	_____	_____	_____
_____	_____	_____	_____

Type of Discharge: _____ Citations/Awards received _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training _____

Professional/special license(s) or certificates(s):

<u>State</u>	<u>Issued By</u>	<u>Date Issued</u>	<u>Expiration</u>	<u>Type</u>	<u>License #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Computer Knowledge

Please check your level of expertise:

	Beginner	Intermediate	Advanced
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List others below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you had any license *suspended, revoked or terminated*? Yes ☐ No ☐ If yes, explain:

PROFESSIONAL AFFILIATIONS

List current or previous affiliations, organizations and related offices or positions:

<u>Organization Name</u>	<u>Address</u>	<u>Phone</u>	<u>Offices/Positions</u>
_____	_____	_____	_____
_____	_____	_____	_____

* Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any which indicate race, color, religion, gender, age, national origin or disability.)

PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes ☐ No ☐ If yes, please explain: _____

* Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, please explain: _____

* List three references who are not related to you and are not former employers or supervisors:

* Name _____ Phone _____

Address _____ City/State/Zip _____

Number of years known _____

* Name _____ Phone _____

Address _____ City/State/Zip _____

Number of years known _____

* Name _____ Phone _____

Address _____ City/State/Zip _____

Number of years known _____

APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

- I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

- I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: _____

- I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

- I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's signature

Date

The following sections to be completed by Police Department applicants only:

- I understand that the employer provides police service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Police Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

- I understand that if I am hired as a sworn officer on the Police Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open: ☐ Yes ☐ No

Position(s) considered for: _____

NOTES:

Voluntary Affirmative Action Survey

● TO BE COMPLETED BY APPLICANT - TO BE FILED SEPARATELY FROM APPLICATION ●

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● COMPLETION OF INFORMATION BELOW IS VOLUNTARY

Please be advised that your survey is considered confidential information and it is not a part of your official application for employment. Inclusion or exclusion of any data will not affect any employment decision.

In an effort to comply with government requirements regarding record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. *Thank you for your cooperation.*

● Personal Information

Date ____/____/____

Applicant Last name _____ First _____ Middle _____

Address _____ City/State/Zip _____

Position(s) applied for:

● Referral Source

- ☐ Advertisement ☐ Employee ☐ Relative ☐ Walk-in ☐ School ☐ Government employment agency
☐ Private employment agency ☐ Other _____

Name of Source (if applicable) _____

● Government Requested Information

* Check one: ☐ Male ☐ Female

* Check one of the following race/ethnic groups:

- ☐ Black ☐ White ☐ Native American/Alaskan Native ☐ Asian/Pacific Islander
☐ Hispanic (Mexican-American, Puerto Rican & other Spanish origin)

* Check the following that are applicable:

- ☐ Veteran ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled Individual